



# APA LIFE INDIVIDUAL RETIREMENT PLAN MEMBER APPLICATION FORM

GENERAL • LIFE • HEALTH

## SECTION 1: MEMBER DETAILS

Title: Mr.  Mrs.  Miss.  Prof.  Dr.  Other:

Surname:  Other Names:

ID/Passport Number *(attach copy of ID):*           PIN Number *(attach copy of PIN):*

Date of Birth:         Gender: M  F  Marital Status:

Phone Number:  Email Address:

Employer Name:

## HOME ADDRESS

P.O. Box:

Postal Code:

Town/County:

## SECTION 2: PLAN DETAILS

Date of Joining Scheme:         Date of Employment:

## RETIREMENT AGE

Early:  Normal:

## CONTRIBUTION PAYMENT FREQUENCY

Monthly:  Quarterly:

Annually:  Transfer:

Other:   
*(Specify)*

## MODE OF CONTRIBUTION PAYMENT

Cash:  Standing Order:  Check-Off:  Direct Debit Instruction:

Other:   
*(Specify)*

## INITIAL CONTRIBUTION

Tax Exempt Contribution	+	Non-Tax Exempt Contribution	=	Total Contributions
<input type="text"/>		<input type="text"/>		<input type="text"/>

### SECTION 3: BENEFICIARIES' DETAILS

Beneficiary Name	Date of Birth	ID Number	Percentage (%)

In case of a minor (less than 18 years of age), indicate the name of the guardian.

Attach copies of ID(s)

### SECTION 4: DECLARATION

I certify that the information given above is complete and accurate. It shall form part of my application to participate in this scheme. I also do hereby agree to be bound by the rules of the scheme.

Name:

Signature: \_\_\_\_\_ Date:

Witnessed By:

Name:

Signature: \_\_\_\_\_ Date:

(Attach  
passport  
photo)

### SECTION 5: INTERMEDIARY'S DETAILS

Intermediary's Name:

Signature: \_\_\_\_\_ Date:

### SECTION 7: FOR OFFICIAL USE

Clients' details received and verified by:

Name:

Signature: \_\_\_\_\_ Date: